

## **Site Accreditation Report – Human Service Agency**

**Completed: June 19-21, 2017**

**Levels of Care Reviewed:**

### **Substance Use Disorder (SUD) Services**

**Prevention**

**Early Intervention (.5)**

**Outpatient Services (1.0)**

**Intensive Outpatient Service (2.1)**

**Clinically Managed Low-Intensity Residential Treatment Program (3.1)**

**Clinically Managed Residential Detoxification Program (3.2D)**

### **Mental Health (MH) Services**

**Child and Youth or Family Services (CYF)**

**Comprehensive Assistance with Recovery and Empowerment Services (CARE)**

**Outpatient Services**

**Review Process:** Human Service Agency was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 91.9%**

**Combined Client Chart Review Score: 93.8%**

**Cumulative Score: 93.7%**

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## **ADMINISTRATIVE REVIEW SUMMARY**

### **Strengths:**

The agency provides a wide variety of prevention, mental health and substance use disorder treatment services. The agency has a strong leadership team. The commitment to quality assurance is evident from the top down at the agency. Supervision provided to the staff is done in a manner that models this commitment to quality assurance. The agency has built many partnerships with other entities and agencies in the communities served.

### **Plan of Correction:**

1. Each CMHC/SUD agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to ARSD 67:61:04:01 & 67:62:05:01. The agency's policies and procedures that reference ARSD still reference the old Administrative Rules of Articles 46:05 and 46:20. There are several areas within your policies and procedures manual listed below that need to be updated to reflect the new Administrative Rules in Articles 67:61 and 67:62 that went into effect in Dec 2016, as well as items required in the Contract Attachments.
  - a. Update policies and procedures in accordance with ARSD 67:61:06:04 and 67:62:07:04 related to grievance procedures. The agency must ensure that the grievance forms contain the current Division of Behavioral Health name, address (700 Governor's Drive, Kneip Building, Pierre, SD 57501), and phone number (605-773-3123). With this update, clients will be able to reach the Division accurately and in a timely manner if needed.
  - b. Update policies and procedures to ensure full compliance with requirements of ARSD 67:61:02:21 and 67:62:02:19. The agency will report to the Division sentinel events, as well as develop root cause analysis processes for sentinel events, in both the MH and SUD programs.
  - c. Develop a policy and procedure that publicizes priority services for pregnant women, women with dependent children, and IV drug users and maintain a record of the programming/outreach services. [SUD Contract Attachment 1].
  - d. Update policies and procedures to ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04 and 67:62:08:03. The Rules promulgated in December 2016 now define inactive clients and the timeframe in which case closure is needed.
2. According to ARSD 67:61:05:05 and 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. Personnel records reviewed did not clearly document new employee orientation is completed within 10 working days of hire.
3. Each new SUD staff, intern, and volunteer must receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period prior to the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period prior to employment can be considered an adequate baseline test. [67:61:05:01 (1)] (Skin testing or TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous position reaction to either test.) The SUD program staff did not have TB tests documented in compliance with ARSD 67:61:05:01. The agency will need to update the policies and procedures to reflect the changes with ARSD.
4. According to ARSD 67:61:05:12 and 67:62:06:10, each CMHC/SUD agency shall routinely check the Office of Inspector General's (OIG) List for excluded individuals related to Medicaid reimbursement. Please develop policies and procedures to check that each new hire, as well as

current employees, are not on the excluded list and ensure compliance with these new Rules which went into effect December 2016. The personnel files reviewed did document that the OIG Medicaid Exclusion list was checked once upon new hire for employees, but did not have routine checks of current employees.

## **CLIENT CHART REVIEW SUMMARY**

### **Strengths:**

The integrated assessments are organized and concise. The clients interviewed shared positive feedback regarding the services provided by the agency. Continuity of care appears easy to achieve if other staff need to assist in providing services to the client because of the thorough documentation. Client treatment and progress is documented well through treatment plans, progress notes, and discharge summaries. Each piece of the clinical record ties back to the others to form the complete picture of treatment.

### **Recommendations:**

1. In review of the client's integrated assessment, at least one or more assessments were missing the following requirements in ARSD 67:61:07:05 and 67:62:08:05:
  - Identification of readiness for change for problem areas, including motivation and supports for making such changes;
  - Living environment or housing;
  - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
  - Past or current indications of trauma, domestic violence, or both if applicable;
  - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.

The agency should ensure all required elements are addressed when assessments are completed even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed.

2. According to ARSD 67:61:07 and 67:62:08, case file documentation shall include staff signature and credentials. Throughout the electronic medical record, the charts reviewed were missing credentials with the staff signature on the integrated assessments, progress notes, and treatment plans. The agency should ensure these are included and viewable in the electronic record system.

### **Plan of Correction:**

1. In review of the clinically-managed residential detoxification charts (Level 3.2), charts were missing the information required at time of admission in compliance with ARSD 67:61:17:02. The following areas for observation and information was not recorded in the client's case records:
  - Medication the client is currently taking, particularly sedative use, and medication carried by the client or found on the client's person.
  - Any symptoms of mental illness currently present.

2. According to 67:61:17:07, the program may provide clients with a variety of treatment services, but must provide an initial assessment and planning within 48 hours of admission into clinically-managed residential detoxification. There was no documentation that an assessment was completed within the 48 hours of admission in three of the four files reviewed.
3. According to ARSD 67:61:07:08, the progress notes for each billable service need to contain:
  - Information identifying the client receiving services, including name and unique identification number;
  - The date, location, time met, units of service of the counseling session, and the duration of the session;
  - The service activity code or title describing the service code or both;
  - A brief assessment of the client's functioning;
  - A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
  - A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
  - The signature and credentials of the staff providing the service.

Within the clinically-managed residential detoxification treatment service files (Level 3.2) there was no documentation of the above requirements. Please ensure there is a minimum of one progress note weekly with the above requirements to document the substance use treatment programming provided in Level 3.2 services.

4. ARSD 67:61:17:08 requires that the clinically-managed residential detoxification program provide a minimum of 90 minutes of programming daily through individual, group, and family counseling as outlined in ARSD 67:61:17:07(2)(a)(b)(c)(d). According to ARSD 67:61:18:06, reimbursable services are limited to face-to-face contacts for the purpose of providing services pursuant to § 67:61:17:07. This could be a combination of individual, group, and family counseling.

Further, ARSD 67:61:01:01(28) defines individual counseling as: “the face-to-face interaction between an addiction counselor or counselor-trainee and an individual client for a specific therapeutic purpose.” The definitions for “group” and “family” counseling in ARSD 67:61:01:01 are nearly identical, and also identify that this service must be provided by addiction counselors or counselor trainees.

In the review of the client’s charts in Level 3.2 services, there was little to no indication that an addiction counselor or counselor trainee provided the programming. Additionally, documentation alone that a video was given to a client to watch and a description of the video does not meet the requirement for 90 minutes of daily treatment via face-to-face individual, group, or family counseling.